

State of Alaska
Games of Chance and Contests of Skill
2009 Permittee Annual Financial Statement
AS 05.15.080(b)

Dept Use Only
FSN:

Due: March 15, 2010

This form is also available on the Internet at www.tax.state.ak.us/forms.asp

Federal EIN	Permit Number	Organization Name
Mailing Address		City, State, Zip
Telephone Number	Fax Number	E-mail Address

CALCULATION OF ADDITIONAL 1% FEE

1. Gross receipts from operator/MBP activity report (Schedule AO, column A, line 10)	1	
2. Gross receipts from permittee activity report (Schedule AP, column I, line 1)	2	
3. Gross receipts from vendor activity report (Schedule AV, column A, Total)	3	
4. Total gross receipts from all activities (add lines 1, 2, and 3)	4	
5. Net proceeds from operator/MBP activity report (Schedule AO, column F, line 10)	5	
6. Net proceeds from permittee activity report (Schedule AP, column I, line 6)	6	
7. Net proceeds from vendor activity report (Schedule AV, column J, Total)	7	
8. Total net proceeds from all activities (add lines 5, 6, and 7)	8	
9. Expenses exceeding the limitations of AS 05.15.160 (c) and (d), and bingo prizes exceeding the limitations of 15 AAC 160.600(c). See Page 2 of the Instructions	9	
10. Add lines 8 and 9	10	

If total gross receipts on line 4 are less than \$20,000, stop here and go to line 15. NO FEE IS DUE.

11. FEE: Multiply line 10 by 1%	11	
12. Penalty for late payment (1% per 30 day period or fraction of a period, not to exceed 25% of the fee on line 11)	12	
13. Interest. See Page 2 of the Instructions	13	
14. Total amount due (add lines 11, 12, and 13) Amount you owe	14	

GAMING ACCOUNT BALANCE

15. Prior year balance of ALL Games of Chance and Contests of Skill checking and savings accounts	15	
16. Net Proceeds (Page 1, line 8)	16	
17. Interest earned on Games of Chance and Skill checking and savings accounts	17	
18. Other Deposits and Increases (Schedule F, line 4)	18	
19. Total (add lines 16, 17, and 18)	19	
20. Total Donations of net proceeds (Schedule E)	20	
21. Other Disbursements and Reductions (Schedule F-1, line 4)	21	
22. Total reductions to checking and savings accounts (add lines 20 and 21)	22	
23. Year-end balance of All Games of Chance and Skill checking and savings accounts (add lines 15 and 19, subtract line 22)	23	

*We declare, under penalty of unsworn falsification, that we have examined this report, including accompanying schedules and statements,
and, to the best of our knowledge and belief, it is true and complete.*

Member in Charge or Agent Signature X	Date	Printed Name
President or Treasurer Signature X	Date	Printed Name
Paid Preparer's Signature X	Date	Printed Name
Firm Name		Firm Address, City, State, Zip

DEPT USE ONLY
PMD:

**Attach a copy of your December 31, 2008, and
December 31, 2009, bank statements and bank reconciliations**

DEPT USE ONLY
VALIDATION

2009 Permittee Annual Financial Statement

Permit Number	Permittee Name
Optr Lic / MBP No	Operator or MBP Name / dba

SCHEDULE AO: OPERATOR / MULTIPLE-BENEFICIARY PERMITTEE ACTIVITY REPORT

List only that income received as a direct result of the games, or sale of gaming equipment.
Food booth receipts and other income should not be included in this report.

	See instructions if your organization contracted with more than one operator, or is an MBP member	Column A Gross Receipts	Column B Taxes	Column C Cost of Prizes Awarded	Column D Adjusted Gross Income <small>(col. A less B & C)</small>	Column E Game-Related Expenses	Column F Net Proceeds <small>(col. D less E)</small>
1.	Bingo						
2.	Pull-Tabs						
3.	Vendor Sales (Pull-Tabs)						
4.	Raffles						
5.	Other (Specify)						
6.	Other (Specify)						
7.	Other (Specify)						
8.	Other (Specify)						
9.	Sale of Equip. and Supplies						
10.	Total						
11. Net Proceeds Paid to Permittee by Operator / MBP							

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Permit Number	Permittee Name
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SCHEDULE AP: PERMITTEE ACTIVITY REPORT

Description		Column A Bingo ⁽³⁾	Column B Pull-Tabs ⁽³⁾	Column C Raffles	Column D Other (Specify)	Column E Other (Specify)	Column F Other (Specify)	Column G Other (Specify)	Column H Other (Specify)	Column I Total
1.	Gross Receipts									
2.	Taxes									
3.	Cost of Prizes									
4.	Adj Gross Income ⁽¹⁾									
5.	TOTAL EXPENSES									
6.	NET PROCEEDS ⁽²⁾									

⁽¹⁾ Subtract lines 2 and 3 from line 1.

⁽²⁾ Subtract line 5 from line 4.

⁽³⁾ Accrual accounting required.

SCHEDULE C: GAME-RELATED EXPENSES

Expenses		Bingo	Pull-Tabs	Raffles	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Other (Specify)	Total
1.	Rental of Facility									
2.	Other Facility Costs									
3.	Contract / Pro. Services									
4.	Accounting									
5.	Wages									
6.	Payroll Taxes									
7.	Pull-Tab Tax Paid									
8.	Cost of Pull-Tab Games and Bingo Cards (Sch C-1)									
9.	Advertising									
10.	Equipment Purchases									
11.	Depreciation									
12.	Door Prizes									
13.	Other Expenses									
14.	TOTAL EXPENSES ⁽⁴⁾									

⁽⁴⁾ To Schedule AP line 5.

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SCHEDULE AV: VENDOR ACTIVITY REPORT

VENDOR INFORMATION

	ABC License Number	Vendor Name
Vendor 1		
Vendor 2		
Vendor 3		
Vendor 4		
Vendor 5		

FINANCIAL INFORMATION

<i>Vendor Number from schedule above</i>	Column A Gross Receipts	Column B Taxes	Column C Prizes	Column D Adjusted Gross Income <small>(col A less col B & C)</small>	Column E Vendor Compensation	Column F Cost of Pull-Tab Games	Column G Pull-Tab Tax Paid	Column H Other Vendor Expenses	Column I Total Expenses <small>(add col E - H)</small>	Column J Net Proceeds <small>(col D minus col I)</small>
Vendor 1										
Vendor 2										
Vendor 3										
Vendor 4										
Vendor 5										

(to page 1, line 3)

(to page 1, line 7)

Total

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Permit Number	Permittee Name	License Number	Operator Name / Vendor Name / dba
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SCHEDULE D: PULL-TAB ATTACHMENT

All pull-tabs were reported on the quarterly report: (check one) ☐ Yes ☐ No

The attached games were sold by: (check one) ☐ Permittee ☐ Vendor ☐ Operator

Distributor License No.	State ID Stamp Label	Game Serial Number	Form Number	Gross Receipts	Prize Payout	Ideal Net	3% Tax	Date In/ Date Out
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
								IN ----- OUT
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								IN ----- OUT
Subtotal (amounts from this page)								Use additional sheets if necessary.
Grand Total (include amounts from all pages)								

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Permit Number	Permittee Name

Page ____ of ____

SCHEDULE E: DONATIONS OF NET PROCEEDS

[illegible]

Subtotal (amounts from this page)

Grand Total (include amounts from all pages, enter on page 1, line 20)

Use additional sheets if necessary.

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SCHEDULE C-1: COST OF PULL-TAB GAMES AND BINGO CARDS

Inventory method for pull-tab games:

☐ Unopened Games

☐ Percent Complete

1. Cost of inventory of unopened games/unused cards at beginning of year.
(If different from last year's ending inventory, attach explanation.)

2. Cost of pull-tab games or bingo cards purchased.

3. Add line 1 and line 2.

4. Cost of inventory of unopened games/unused cards at end of year.

5. Cost of pull-tab games (Subtract line 4 from line 3).¹

6. Cost of bingo cards (Subtract line 4 from line 3).²

Pull-Tab Games		Bingo Cards	
Self-Directed	Vendor		
1	1	1	
2	2	2	
3	3	3	
4	4	4	
5	5	5	
		6	

¹ For self-directed games, enter on Schedule C, line 8, pull-tabs.
For vendor games, line 5 must equal Schedule AV, Column F, line 6.

² Enter on Schedule C, line 8, bingo.

Use Schedules F and F-1 to reconcile Page 1, line 23, of the 2009 Annual Financial Statement to your December 31, 2009 gaming bank account reconciliation.

SCHEDULE F: OTHER DEPOSITS AND INCREASES

1. Prior year net proceeds deposited after December 31, 2008.

2. Sales Tax Collected.⁽¹⁾

3. Other deposits and increases (please describe, including loans and gifts):

4. Total (Enter on page 1, line 18).

1	
2	+
3	+
4	

SCHEDULE F-1: OTHER DISBURSEMENTS AND REDUCTIONS

1. Current year net proceeds not deposited by December 31, 2009.

2. Non-deductible sales tax.⁽¹⁾

3. Other disbursements / reductions (please describe):

4. Total (Enter on page 1, line 21).

1	
2	+
3	+
4	(to page 1, line 21)

⁽¹⁾ See instructions for permittee activity report, Schedule AP, total gross receipts.